PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/551315

| 10/321313 | | | | | | | | | | | | |
|---|--|--|------------------------|--------------------------------|------------------------|---|-------------------|--------------|------------------------|----------------------------|-------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
| U.S | . NATIONAL : | STAGE FEES | (Solution 1) | | | (Column 2) | | RATE | FEE | 7 | RATE | |
| BAS | SIC FEE | | SMALL ENT. | = \$ 150 | LAR | LARGE ENT. = \$ 300 | | | | 1 | | FEE |
| <u> </u> | | <u> </u> | Satisfies PCT A | | All other situations = | | BASI | C FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | (4) = \$50 | /\$100 | | \$ 100 / \$ 200 S. is ISA = \$ 50 / \$ 100 | | /I. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | Search R = \$ 250 / | Rpt) | ALL o | ALL other countries = \$ 200 / \$ 400 | | RCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 30 minus 20 = , | | * | 70 | | \$ 25 = | | OR | X \$ 50 = | 500 |
| IND | EPENDENT CL | AIMS ———————————————————————————————————— | 6 m | inus 3 = | * | 3 | | 5 100 = | | OR | X \$ 200 = | 600 |
| MUL | TIPLE DEPENI | DENT CLAIM PRE | | | | + \$ | 180 = | | OR | + \$ 360 = | 000 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | T | OTAL | | OR | TOTAL | 2000 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | s | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X | 5 25 ≈ | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 180 = | | OR | + \$ 360 = | |
| | | | | | | | | L ADDIT. | | OR | TOTAL ADDIT. | |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | BER DUSLY | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ | 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ | 180 = | | OR | + \$ 360 = | |
| | | | | | | | | L ADDIT. | | OR | TOTAL ADDIT, FFF | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |